


FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 07-31-2004

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER 0 7 1 - 0 8 9	2. PERIOD COVERED From <table border="1"><tr><td>MO</td><td>DAY</td><td>YEAR</td></tr><tr><td>0 1</td><td>0 1</td><td>2 0 0 2</td></tr></table> Through <table border="1"><tr><td>1 2</td><td>3 1</td><td>2 0 0 2</td></tr></table>	MO	DAY	YEAR	0 1	0 1	2 0 0 2	1 2	3 1	2 0 0 2	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
MO	DAY	YEAR											
0 1	0 1	2 0 0 2											
1 2	3 1	2 0 0 2											
E		8. MAILING ADDRESS First Name A M A N D A Last Name V E O N I P.O. Box • Building and Room Number (if any) Number and Street 4 3 3 F O R T P I T T B L V D City P I T T S B U R G H State ZIP Code + 4 P A 1 5 2 1 9 -											
4. AFFILIATION OR ORGANIZATION NAME HOTEL EMPL, RESTAURANT EMPL AFL-CIO													
5. DESIGNATION (Local, Lodge, etc.) LU	6. DESIGNATION NUMBER 57												
7. UNIT NAME (if any)													
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)													

75. ADDITIONAL INFORMATION	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED: <u>X <i>Richard Lissner</i></u>	PRESIDENT	77. SIGNED: <u>X <i>Amanda Veoni</i></u>	TREASURER
<u>X 3/26/03</u>	(If other title, see instructions.)	<u>X 3-26-03</u>	(If other title, see instructions.)
Date	Telephone Number <u>412 288 9500</u>	Date	Telephone Number <u>288-7500</u>

03-093-022 (071089)
* 0 7 1 0 8 9 *

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 2 4 9 8
19. What is the date of your organization's next regular election of officers? MO 0 8 YEAR 2 0 0 4
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>26.00-32.00</u> per <u>Month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>55.00-75.00</u>
(c) Transfer Fees	\$ <u>-0-</u>
(d) Work Permits	\$ <u>2.50-5.00</u> per <u>Day</u> (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws or practices/procedures have changed, see the instructions.) Yes ☒ No ☐
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 0 7 1 - 0 8 9

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash.....	1	2 3 9 8 4	1 5 7 8 3
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....		0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	9 1 0 1 2	8 5 0 4 5
	30. Fixed Assets.....	5	3 9 7 4 0	3 9 7 4 0
	31. Other Assets.....	3	6 8 1	0
	32. TOTAL ASSETS.....		1 5 5 4 1 7	1 4 0 5 6 8
LIABILITIES	33. Accounts Payable.....	8	2 9 7 2 3	6 1 3 0 7
	34. Loans Payable.....		4 5 4 5 6	3 3 4 5 6
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....	4	5 4 6	1 1 9 7
	37. TOTAL LIABILITIES.....		7 5 7 2 5	9 5 9 6 0
	38. NET ASSETS (Item 32 less Item 37).....		7 9 6 9 2	4 4 6 0 8

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 071 - 089

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues.....			8 2 8 6 6 0	56. To Officers.....	9		1 5 7 6 1 5
40. Per Capita Tax.....			0	57. To Employees.....	10		6 9 9 9 0
41. Fees.....			7 7 8 6 1	58. Per Capita Tax.....			3 1 8 2 9 1
42. Fines.....			0	59. Fees, Fines, Assessments, etc.			2 1 8 8 6
43. Assessments.....			0	60. Office & Administrative Expense....	13		5 6 0 2 5
44. Work Permits.....			0	61. Educational & Publicity Expense...			3 7 0
45. Sale of Supplies.....			0	62. Professional Fees.....			9 0 3 2
46. Interest.....			2 7 7 1	63. Benefits.....	11		9 4 8 7 8
47. Dividends.....			2 4 4 8	64. Contributions, Gifts & Grants.....	12		1 8 6 0
48. Rents.....			0	65. Supplies for Resale.....			0
49. Sale of Investments & Fixed Assets.....	6		0	66. Direct Taxes.....			2 3 2 5 4
50. Loans Obtained.....	8		0	67. Withholding Taxes.....			7 9 5 2 9
51. Repayments of Loans Made.....	1		0	68. Purchase of Investments & Fixed Assets.....	7		1 6 5 0
52. On Behalf of Affiliates for Transmittal to Them.....			0	69. Loans Made.....	1		0
53. From Members for Disbursement on Their Behalf....			0	70. Repayment of Loans Obtained.....	8		1 2 0 0 0
54. Other Receipts.....	14		7 9 8	71. To Affiliates of Funds Collected on Their Behalf.....			0
				72. On Behalf of Individual Members...			0
				73. Other Disbursements.....	15		7 4 3 5 9
55. TOTAL RECEIPTS.....			9 1 2 5 3 8	74. TOTAL DISBURSEMENTS			9 2 0 7 3 9

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1— LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in..... Item 27 Item 69 Item 51 Item 75 Item 27 Column (A) with Explanation Column (B)					

SCHEDULE 2 - INVESTMENTS

(OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 071 - 089

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	9 9 3 4 5
2. Total Book Value	8 5 0 4 5
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) None	0
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	0
5. Total Book Value	0
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) NONE	0
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	8 5 0 4 5
The total from Line 7 is entered in Item 29, Column (B)	

Description (A)	Book Value (B)
1. NONE	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in Item 31, Column (B)	

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. PAYROLL TAXES	2 5 4
2. DUES	1 1 3
3. TIPS PROGRAM	4 5 0
4. FEDERAL CREDIT UNION	3 8 0
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	1 1 9 7
The total from Line 7 is entered in Item 36, Column (D)	

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 7 1 - 0 8 9

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): NONE	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): NONE	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	3 9 7 4 0	0	3 9 7 4 0	3 9 7 4 0
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	3 9 7 4 0	0	3 9 7 4 0	3 9 7 4 0
The total from Line 8, Column (D) is entered in..... Item 30, Column (B)				

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. None	0	0	0	0
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	0	0	0	0
	7. Less Reinvestments			0
	8. Net Sales			0
The total from Line 8 is entered in Item 49				

SCHEDULE 7 -- PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 7 1 - 0 8 9

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. REINVESTED DIVIDENDS	1 6 5 0	1 6 5 0	1 6 5 0
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	1 6 5 0	1 6 5 0	1 6 5 0
			7. Less Reinvestments
			0
			8. Net Purchases
			1 6 5 0
The total from Line 8 is entered in Item 68			

SCHEDULE 8 -- LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. INTERNATIONAL UNION	4 5 4 5 6	0	1 2 0 0 0	0	3 3 4 5 6
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	4 5 4 5 6	0	1 2 0 0 0	0	3 3 4 5 6
The total from Line 6 is entered in Item 34 Item 50 Item 70 Item 75 Item 34					
Column (C) with Explanation Column (D)					

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 071 - 089

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. NASSAN EDWARD PRESIDENT	C	4 9 4 0 0	0	2 7 4 7	0	5 2 1 4 7
2. BROWN DARREL VICE PRESIDENT	C	4 1 6 0 0	0	1 6 3 5	0	4 3 2 3 5
3. VEONI AMANDA SECRETARY/TREAS	C	4 1 6 0 0	0	1 6 7 6	0	4 3 2 7 6
4. BALSAMO JOSEPH BUSINESS AGENT	N	2 3 4 0 0	0	4 0 4 1	0	2 7 4 4 1
5. LECKMAN TERRY LEGAL ADVISOR	C	4 1 6 0 0	0	9 7 7	0	4 2 5 7 7
6. CARTER MARY EXECUTIVE BOARD	C	0	0	4 5 0	0	4 5 0
7. TODD CLIFF RECORDING SEC.	N	0	0	9 0 0	0	9 0 0
8. Totals from additional pages (if any)		0	0	1 3 5 0	0	1 3 5 0
9. Totals of Lines 1 through 8		1 9 7 6 0 0	0	1 3 7 7 6	0	2 1 1 3 7 6
				10. Less Deductions	5 3 7 6 1	
The total from Line 11 is entered in Item 56				11. Net Disbursements	1 5 7 6 1 5	

*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 7 1 - 0 8 9

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. KLINE KEVIN ORGANIZER	2 5 1 5 5	0	2 3 7 8	0	2 7 5 3 3
2. CALDWELL ALICE ORGANIZER	2 4 5 7 0	0	9 9 0	0	2 5 5 6 0
3. MCCOY APRIL SECRETARY	1 4 1 0 8	0	0	0	1 4 1 0 8
4. MCDERMOTT KELLY SECRETARY	1 9 2 4 6	0	0	0	1 9 2 4 6
5.					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	5 7 4 9	0	0	0	5 7 4 9
8. Totals of Lines 1 through 7	8 8 8 2 8	0	3 3 6 8	0	9 2 1 9 6
			9. Less Deductions	2 2 2 0 6	
The total from Line 10 is entered in Item 57			10. Net Disbursements	6 9 9 9 0	

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 7 1 - 0 8 9

Description (A)	To Whom Paid (B)	Amount (C)
1. GROUP MEDICAL BENEFITS	INSURANCE FUND	4 2 1 7 0
2. PENSION PLAN PAYMENTS	PENSION FUND	5 1 9 9 8
3. LOST WAGES	UNION MEMBERS	7 1 0
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		9 4 8 7 8
The total from Line 6 is entered in Item 63		

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. DONATIONS	1 8 6 0
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1 8 6 0
The total from Line 8 is entered in Item 64	

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. OFFICE SUPPLIES AND POSTAGE	3 6 0 5 4
2. TELEPHONE AND UTILITIES	1 1 6 5 8
3. REPAIRS AND MAINTENANCE	4 9 7 3
4. BANK FEES	4 4 6
5. MEETING AND SEMINARS	2 8 9 4
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	5 6 0 2 5
The total from Line 8 is entered in Item 60	

SCHEDULE 14 - OTHER RECEIPTS

Description (A)	Amount (B)
1. INT'L UNION DEATH BENEFIT	2 5 0
2. TRANSFER FROM NEWSLETTER FUND	5 4 8
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	7 9 8

The total from Line 17 is entered in Item 54

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. DUES REFUNDS	1 4 5 1 3
2. INSURANCE	6 5 2 1
3. ADVERTISING	8 8 9
4. ARBITRATION	2 6 7 3
5. AUTO	1 2 0 7
6. PARKING AND RENT	3 5 1 3 9
7. DEATH BENEFITS	2 5 0
8. ORGANIZATION AND STRIKE	9 6 5 0
9. LABOR DAY PARADE	3 5 1 7
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	7 4 3 5 9

The total from Line 17 is entered in Item 73

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: **0 7 1 - 0 8 9**

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
CYPHER MARY A. EXECUTIVE BOARD	C	0	0	4 0 0	0	4 0 0
PETRILLI CRESCENT EXECUTIVE BOARD	C	0	0	4 0 0	0	4 0 0
SCATTAREGIA SUE EXECUTIVE BOARD	C	0	0	3 5 0	0	3 5 0
BARTOLETTA SAM EXECUTIVE BOARD	N	0	0	2 0 0	0	2 0 0

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: **0 7 1 - 0 8 9**

TRUSTEE SIGNATURES

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

Trustee Sign: _____	TRUSTEE	Trustee Sign: _____	TRUSTEE
_____	_____	_____	_____
Date	Telephone Number	Date	Telephone Number

ORGANIZATION NAME: HOTEL EMPL, RESTAURANT EMPL AFL-CIO
ENDING DATE OF PERIOD COVERED: 12/31/2002

FILE NUMBER: **0 7 1 - 0 8 9**

75. ADDITIONAL INFORMATION(continued)

Item Number	
11	H.E.R.E.I.U. WELFARE PENSION FUND P.O. BOX 6557 AURORA IL 60598-0557 EIN 36-2862479 PLAN NUMBER 001

HOTEL EMPL, RESTAURANT EMPL AFL-CIO

FILE NUMBER: 071 - 089

12/31/2002

75. ADDITIONAL INFORMATION

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HOTEL EMPLOYEES AND RESTAURANT EMPLOYEES LOCAL 57 COPE FUND